

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # V29998**

1. Entity Name  
**MPS GROUP, INC.**



Principal Place of Business  
**ONE INDEPENDENT DR  
JACKSONVILLE, FL 32202 US**

Mailing Address  
**1 INDEPENDENT DR  
ATTN: GERALD ROBINSON  
JACKSONVILLE, FL 32202 US**



03202007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3116655**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	SVPT
NAME	CROUCH, ROBERT
STREET ADDRESS	ONE INDEPENDENT DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32202

TITLE	VCLO
NAME	HOLLAND, GREGORY
STREET ADDRESS	ONE INDEPENDENT DR
CITY-ST-ZIP	JACKSONVILLE, FL 32202

TITLE	D
NAME	WAYNE, DAVIS T
STREET ADDRESS	1 INDEPENDENT DR
CITY-ST-ZIP	JACKSONVILLE, FL 32202

TITLE	D
NAME	KENNEDY, JOHN R
STREET ADDRESS	1 INDEPENDENT DR
CITY-ST-ZIP	JACKSONVILLE, FL 32202

TITLE	D
NAME	TANOUS PETER J
STREET ADDRESS	1 INDEPENDENT DR
CITY-ST-ZIP	JACKSONVILLE, FL 32202

TITLE	AVPT
NAME	ROBINSON, GERALD
STREET ADDRESS	ONE INDEPENDENT DR
CITY-ST-ZIP	JACKSONVILLE, FL 32202

**DO NOT WRITE  
IN THIS SPACE**

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05/09/07-80011-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GERALD ROBINSON**

**4-23-07**

Date

**904-360-2704**

Daytime Phone #